

REQUEST FOR AN ARKANSAS PROCLAMATION

Organization _____

Contact Person _____

Address _____

City _____ State Arkansas Zip _____

County _____ E-mail Address _____

Daytime Phone _____ Fax _____

Please describe the proclamation you are requesting:

How is the proclamation to be used and how is it to be presented? _____

Deadline for proclamation _____

Have you requested a proclamation from our office before? _____

If yes, what is the name and date of that proclamation? _____

If approved, how would you like the proclamation to be delivered?

_____ Mail to address listed above.

_____ We will pick up the proclamation. Please notify us when it is ready.

If this request is not approved, would a letter from the Governor be acceptable?

_____ Yes

_____ No

****Please attach a sample wording of your requested proclamation and/or a copy of any previously approved proclamation.**